

IMPORTANT: With this form completed and signed, Combined Canada ("Combined Insurance") is authorized to provide the designated third party with the requested personal information.

POLICYHOLDER¹			
First Name	Middle Name	Last Name	Date of Birth (mm-dd-yyyy)
Address			
Policy number(s) – please include at least one policy number			
AUTHORIZED THIRD PARTY			
First Name	Last Name		Date of Birth (mm-dd-yyyy)
Address			
Relationship to the Policyholder:			
If Authorized Third Party is an agent or a broker provide their Agent Code used with Combined:			

Authorization and signature

I authorize Combined Canada to disclose to the Authorized Third Party any and all information that would be provided to me, as a Policyholder.

This authorization supersedes any previous authorization sent to Combined Canada. I may withdraw this authorization to release information to a Third Party at any time.

A copy of this authorization is as valid as the original.

Signature	Date (mm-dd-yyyy)
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This authorization will become effective on the date it is received by Combined Canada Head Office at the following address:

Combined Insurance/Combined Assurances

PO Box 3720, MIP
Markham (Ontario) L3R 0X5

Fax: 1 905 305-8600

¹To authorize a third party the policyholder must at a minimum be the insured and the owner of the policy. If the Insured is a minor, the person exercising parental authority is considered to be the Insured for the purposes of information disclosure.